

Name _____

Address _____

Licensure Application Checklist

Please use this form to verify that you have completed all of the initial steps in your application for licensure.

_____ Application for Counseling License

_____ Statement of Professional Intent

_____ Core Curriculum Summary

_____ Notarized Affidavit (on Application)

_____ Requested official transcript(s), as described below

_____ Requested three letters of recommendation

_____ Verification of State Professional License/Certificate

_____ Application fee (\$200.00)

Mail all of the above directly to Board office.

Mail NBCC registration form and fee directly to NBCC. Do not mail to Board office.

Please list the institutions from which graduate transcripts have been requested:

Institution

Date of Your Request to Institution

List below the names, addresses, and phone numbers of three persons who have been requested to forward recommendations:

Copies of this form may be mailed back to you to indicate missing items. It is your sole and exclusive responsibility as an applicant to ensure that all necessary documents are received in timely fashion by the Board.